

# UTAH DEPARTMENT OF COMMERCE

Form PSUAC - 01

## STATE OF UTAH DEPARTMENT OF COMMERCE PETE SUAZO UTAH ATHLETIC COMMISSION APPLICATION FOR LICENSURE

### CONTEST

#### APPLICATION INSTRUCTIONS AND INFORMATION

**General Statement:** The Department of Commerce desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and level of service, the Department will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply necessary information may result in denial of licensure. Please read all instructions carefully.

**Address of Record:** The address listed on the application will be your address of record. All correspondence from the Department will be sent to that address. It is your responsibility to directly notify the Department of any change in address. Also, please note, the address of record is public information, available upon request and via the Internet. You may choose to use a business address or a P.O. Box for your address of record rather than your home address.

**Social Security Number:** Your social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Annotated, which implements the requirements of 42 U.S.C. 666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

#### Supporting Documents and Fees:

1. Post a surety bond with the Commission in an amount equal to the total purses of all contests promoted by the promoter in a single promotion, but not less than \$10,000.
2. Submit the \$250 non-refundable Contest fee.
3. Submit Contest information, concerning where the contest is to be held, the names of the contestants participating in the Main Event and in the additional contests.
4. Submit a current "Certificate of Insurance" demonstrating health insurance coverage for each contestant, to provide medical coverage for any injuries sustained in a contest.
5. Submit a copy of a signed contract between the promoter of the contest and each contestant.

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## APPLICATION TO HOLD AN UNARMED COMBAT CONTEST OR PROMOTION

### PROMOTER:

Name of Promoter: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Do you have a current Utah Contest Promoter's License? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, License Number: \_\_\_\_\_

If you do not have a current Utah Contest Promoter's License, complete and submit an application for a Utah Contest Promoter's License with the Contest application. The Commission will issue a permit to hold a contest only to promoter's licensed by the State of Utah.

### PUBLIC MAILING ADDRESS:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### CONTEST INFORMATION:

Date of Contest: \_\_\_\_\_

Location of Contest: \_\_\_\_\_

City of Contest: \_\_\_\_\_

### **DO NOT WRITE IN THIS SECTION – FOR DEPARTMENT USE ONLY**

Permit Number: \_\_\_\_\_

Date Permit Approved: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date Permit Denied: \_\_\_\_\_

Denied By: \_\_\_\_\_

Reason for Denial/Other Comments: \_\_\_\_\_

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## AFFIDAVIT AND RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting documentation is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting documentation is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Department in conjunction with this application or its supporting documentation meets the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Department or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Department of Commerce, State of Utah, any files, records, or information of any type reasonably required for the Department to properly evaluate my qualifications for licensure, certification, or registration by the State of Utah.

Signature of Promoter: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Printed Name of Promoter: \_\_\_\_\_

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## **Make Licensure Fees Payable to:**

The Utah Department of Commerce

## **Mail Completed Application To:**

### **By U.S. Mail**

Pete Suazo Utah Athletic Commission  
P.O. Box 146701  
Salt Lake City, UT 84114-6701

### **By Delivery or Express Mail**

Pete Suazo Utah Athletic Commission  
160 East 300 South, 2<sup>nd</sup> Floor Administration Reception Desk  
Salt Lake City, UT 84114

## **Telephone Numbers:**

Richard Weinsoft (801) 530-6491

## **Fax Number:**

(801) 530-6446